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Bib Data Sheet

CONFIRMATION NO. 9782

SERIAL NUMBER 10/723,722	FILING DATE 11/26/2003 RULE	CLASS 361	GROUP ART UNIT 2835	ATTORNEY DOCKET NO. 111079-135498
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APPLICANTS

Anandaroop Bhattacharya, Phoenix, AZ;

Chia-Pin Chiu, Tempe, AZ;

Sridhar V. Machiroutu, Santa Clara, CA;

** CONTINUING DATA ***** *No RM*** FOREIGN APPLICATIONS ***** *No RM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>RM</i> Initials <i>10/25/04</i>				

ADDRESS

25943

SCHWABE, WILLIAMSON & WYATT, P.C.

PACWEST CENTER, SUITE 1900

1211 SW FIFTH AVENUE

PORTLAND, OR

97204

TITLE

Thermal management arrangement for standardized peripherals

FILING FEE RECEIVED 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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